Application or Docket Number THE SECOND PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 **CLAIMS AS FILED - PART I** OTHER THAN SMALL ENTITY SMALL ENTITY TYPE (Column 1) (Column 2) OR FEE **TOTAL CLAIMS** RATE RATE FEE BASIC FEE 770.00 BASIC FEE 385.00 NUMBER FILED NUMBER EXTRA OR **FOR** 48-X\$18= TOTAL CHARGEABLE CLAIMS X\$ 9= √minus 20= OR O INDEPENDENT CLAIMS -minus 3 = X43= X86= OR MULTIPLE DEPENDENT CLAIM PRESENT +145= +290= OR \* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL OTHER THAN AIMS AS AMENDED - PART II SMALL ENTITY SMALL ENTITY OR' O. (Column 3) (Column 2) (Column 1) HIGHEST ADDI-ADDI-CLAIMS NUMBER PRESENT REMAINING ⋖ RATE TIONAL RATE TIONAL **PREVIOUSLY AFTER EXTRA** ENDMENT FEE FEE PAID FOR AMENDMENT ,25**1**,00 2 ا)۔ X\$18= Minus X\$ 9= OR **Total** Minus 200,bO Independent X86= X43= UB FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR TOTAL ADDIT. FEE TOTAL 450.00 ADDIT. FEE (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST ADDI-ADDI-NUMBER PRESENT REMAINING TIONAL TIONAL RATE RATE PREVIOUSLY EXTRA **AFTER** AMENDMENT FEE FEE PAID FOR MENDMENT X\$18= Minus X\$ 9= OR Total Minus Independent X86: X43= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR TOTAL TOTAL OR ADDIT, FEE ADDIT. FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS ADDI-ADDI-O REMAINING NUMBER PRESENT TIONAL RATE TIONAL RATE **PREVIOUSLY EXTRA** AFTER AMENDMENT FEE FEE PAID FOR **AMENDMENT** X\$18= Minus X\$ 9= **Total** OR

OR

OR

OR

X43=

+145=

ADDIT, FEE

TOTAL

X86=

+290=

ADDIT. FEE

TOTAL

Independent

Minus

• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM